


Guest Editorial

Cite this article: Thomas C, Kulikowski JD, Breitbart W, Alici Y, Bruera E, Blackler L, Sulmasy DP (2024) Existential suffering as an indication for palliative sedation: Identifying and addressing challenges. *Palliative and Supportive Care*, 1–4. <https://doi.org/10.1017/S1478951524000336>

Received: 24 January 2024
Accepted: 4 February 2024

Corresponding author: Columba Thomas;
Email: ct880@georgetown.edu

Existential suffering as an indication for palliative sedation: Identifying and addressing challenges

Columba Thomas, M.D.¹ , Julia D. Kulikowski, M.D.², William Breitbart, M.D.², Yesne Alici, M.D.^{2,3}, Eduardo Bruera, M.D.⁴, Liz Blackler, M.B.E., L.C.S.W.-R.⁵ and Daniel P. Sulmasy, M.D., PH.D.^{1,6}

¹Kennedy Institute of Ethics, Georgetown University, Washington, DC, USA; ²Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering Cancer Center, New York, NY, USA; ³Weill Cornell Medical College, New York, NY, USA; ⁴Department of Palliative Care, Rehabilitation, and Integrative Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, USA; ⁵Ethics Committee, Memorial Sloan Kettering Cancer Center, New York, NY, USA and ⁶Departments of Medicine and Philosophy and the Pellegrino Center for Clinical Bioethics, Georgetown University, Washington, DC, USA

The revised 2023 framework on palliative sedation from the European Association for Palliative Care (EAPC) observes “a shift towards a broader recognition of refractory existential suffering as a possible indication for palliative sedation” (Surges et al. 2023). Yet several recent systematic reviews identify unresolved questions about how existential suffering is defined, assessed, and treated in palliative care (Boston et al. 2011; Ciancio et al. 2020; Rodrigues et al. 2018). A lack of clarity and consensus on these questions is likely a barrier to the optimal care of patients with existential suffering at the end of life, as well as a source of misunderstanding and controversy with respect to the use of palliative sedation to treat refractory existential suffering (Boston et al. 2011; Ciancio et al. 2020; Kirk and Mahon 2010; Quill et al. 2009; Rattner 2022).

In a systematic review, Boston et al. (2011) identified 56 unique definitions of existential suffering. As such, it is not surprising that organizational guidelines define existential suffering in broad terms. The EAPC defines existential suffering as “feelings of hopelessness, helplessness, fear of death, disappointment, loss of self-worth, remorse, loss of meaning and purpose in life, disruption of personal identity, or loss of dignity” (Ciancio et al. 2020; Surges et al. 2023). Similarly, the National Hospice and Palliative Care Organization (NHPCO) defines existential suffering as that “arising from a sense of meaninglessness, hopelessness, fear, and regret in patients who knowingly approach the end of life” (Kirk and Mahon 2010).

Furthermore, some authors differentiate between existential suffering and existential distress. Schuman-Olivier et al. suggest that existential distress is a subtype of existential suffering that occurs in the terminally ill or dying (Schuman-Olivier et al. 2008; Surges et al. 2023). By contrast, 1 systematic review cites multiple studies that describe suffering as an “all-encompassing, enduring, and intense experience,” distinct from distress as a “transient or fleeting experience” (Rattner 2022). This article preferentially utilizes the term existential suffering as a broad term that does not imply proximity to death.

Apart from the challenge of defining existential suffering, many authors have raised concerns about the inherent subjectivity and ambiguity in the evaluation of existential suffering (Boston et al. 2011; Ciancio et al. 2020; Rattner 2022; Rodrigues et al. 2018). Patients may face various barriers in expressing their suffering, including the difficulty of finding adequate words, further complicated by time-limited clinical encounters (Best et al. 2015; Boston et al. 2011). For some patients, it may be challenging to distinguish between physical suffering and categories of “non-physical” suffering such as existential, spiritual, psychological, emotional, and social (Boston et al. 2011; Ciancio et al. 2020; Rattner 2022). Two systematic reviews identify the use of multidisciplinary teams – such as those with psychological, spiritual, and biomedical expertise – as potentially helpful in assessing existential suffering (Boston et al. 2011; Ciancio et al. 2020).

Yet another issue is to determine what “refractoriness” means in relation to the use of palliative sedation to treat refractory existential suffering. The EAPC acknowledges that establishing the refractoriness of existential suffering is challenging because “the severity of the distress may be very dynamic and idiosyncratic, and psychological adaptation and coping may occur” (Surges et al. 2023). By contrast, the NHPCO considers it a still-unresolved question as to whether palliative sedation should be used to treat existential suffering, and calls for more research to explore alternative interventions (Kirk and Mahon 2010). One systematic review observes the lack of a clear theoretical framework for treating existential suffering apart from psychiatric and psychoanalytic approaches (Boston et al. 2011).

In response to these ongoing challenges, we propose the following as priority areas for research and clinical practice: (1) development and validation of instruments to guide clinicians' assessments of existential suffering; (2) study of the potential overlap and interplay between existential suffering, other nonphysical forms of suffering, and physical symptoms; and (3) development and evaluation of alternatives to palliative sedation to treat existential suffering.

Development and validation of instruments

The quest for a scale to measure existential suffering is hampered by the absence of any agreed upon definition. Nonetheless, several instruments have been developed that seem to capture aspects of what the literature typically describes under the label, "existential suffering" (Best *et al.* 2015; Boston *et al.* 2011). One of the best-known instruments to identify some aspects of existential suffering in patients with advanced illness is the Demoralization Scale (DS) (Kissane *et al.* 2004). Kissane *et al.* developed this 24-item scale to recognize patients who are demoralized but not clinically depressed. The DS identifies several domains of existential suffering, including disheartenment, loss of meaning and purpose, dysphoria, helplessness, and sense of failure. It has been externally validated in its original version as well as several shortened forms (Belvederi Murri *et al.* 2020; Bobevski *et al.* 2022; Robinson *et al.* 2016).

However, apart from identifying patients who experience aspects of existential suffering, the DS and its variants are not designed to prompt specific clinical interventions or referrals. Additionally, these instruments do not evaluate forms of nonphysical suffering – such as spiritual and social suffering – that may closely relate to existential suffering and even fit within some definitions of the term.

Other instruments assess for suffering or distress more broadly. The distress thermometer is a visual analog scale that allows patients to rate their emotional distress (Graham-Wisener *et al.* 2021; Ma *et al.* 2014; Roth *et al.* 1998). A variety of suffering scales – including the suffering pictogram (Beng *et al.* 2017), State Of Suffering-Five (SOS-V) (Ruijs *et al.* 2009), suffering assessment questionnaire (Encarnação *et al.* 2018), and suffering assessment tool (Baines and Norlander 2000) – capture aspects of existential suffering, yet often as part of a larger assessment of symptom burden and without emphasis on forms of nonphysical suffering. The same is true of the Memorial Symptom Assessment Scale (Portenoy *et al.* 1994) and the Edmonton Symptom Assessment System (Hui and Bruera 2017).

Ideally, instruments to guide clinicians' assessments of existential suffering would consider various forms of nonphysical suffering, including existential, spiritual, psychological, emotional, and social. They would also ask about patients' coping mechanisms, sources of support, and experiences with previous therapeutic interventions as an important foundation for ongoing clinical evaluation and care (Bovero *et al.* 2018; Xiao *et al.* 2021).

Study of the relationship between existential and other forms of suffering

Further complicating matters, physical and existential suffering are often knitted together tightly in patients' experiences. Cicely Saunders's concept of "total pain" emphasized the fundamental relationship between physical symptoms and forms of nonphysical suffering, which she designated as "mental distress and social

or spiritual problems" (Saunders 2001). The NHPCO similarly employs a broad conception of suffering, which "can be the result of injuries to many aspects of the self, including ... the physical, psychosocial, spiritual, temporal, and existential realms" (Kirk and Mahon 2010).

In addition, the 2023 EAPC framework recognizes that existential suffering includes a number of distinguishable nonphysical components (Surges *et al.* 2023). The framework therefore recommends that existential suffering should only be deemed refractory "following comprehensive assessment by experts in palliative care, considering the psychological, social and spiritual components of suffering" (Surges *et al.* 2023). In other words, assessments of existential suffering should not simply be confined to a narrow construct or definition but should broadly examine various and potentially related forms of nonphysical suffering.

One systematic review points out that existential suffering is sometimes understood in the literature to include spiritual, psychological, and social issues – although the literature shows no consistent pattern (Boston *et al.* 2011). Another systematic review contrasts Saunders's and Cassell's view of "suffering" as integrated and multidimensional with the tendency across multiple studies "that researchers, patients and clinicians distinguish physical from nonphysical aspects of suffering" (Rattner 2022).

Considering this heterogeneous literature, it is imperative for future studies to explore and characterize the potential overlap and interplay among the various nonphysical forms of suffering, as well as the relationship between physical and nonphysical suffering. Otherwise, the conditions for designating a patient's existential suffering as "refractory" will remain ill-defined and controverted.

Alternatives to palliative sedation for existential suffering

It is often recommended that palliative sedation only be undertaken as a last-resort option, but few studies have explored potential alternatives to palliative sedation. The strongest evidence for treating patients with existential suffering at the end of life comprises various forms of psychotherapy (Bauereiß *et al.* 2018; LeMay and Wilson 2008; Vehling and Kissane 2018). Several of these approaches have demonstrated effectiveness in randomized controlled trials, including meaning-centered group psychotherapy (Breitbart *et al.* 2015) and individual meaning-centered psychotherapy (Breitbart *et al.* 2018), which improved spiritual well-being and quality of life and reduced desire for hastened death; dignity therapy, which improved quality of life and sense of dignity (Chochinov *et al.* 2011); and Managing Cancer and Living Meaningfully (CALM), which alleviated depressive symptoms and improved end-of-life preparation (Rodin *et al.* 2018). Additional randomized controlled trials are currently underway, including a study involving Meaning and Purpose therapy (Kissane *et al.* 2019).

More broadly, the effects of spiritual, psychosocial, and mind-body interventions for patients with life-limiting illness have been the subject of systematic reviews and meta-analyses (Hall *et al.* 2018; McLouth *et al.* 2021; Oh and Kim 2014; Park *et al.* 2019; Xing *et al.* 2018). Overall, these analyses are limited by the heterogeneity of the literature reviewed – for instance, 2 meta-analyses of spiritual interventions for patients with cancer combined psychotherapy interventions with nursing- and oncologist-driven spiritual interventions in their statistical analyses (Oh and Kim 2014; Xing *et al.* 2018). Future research is needed to explore the potential effectiveness of interventions other than forms of psychotherapy, including meditation and relaxation techniques (Hall *et al.* 2018).

Regarding pharmacologic treatments, there is a growing interest in the potential benefit of ketamine and other psychedelics for the treatment of existential suffering (Decazes et al. 2023; Niles et al. 2021; Schimmers et al. 2022). However, a stronger evidence base involving larger, high-quality studies is still needed before these approaches can be recommended for clinical use (Niles et al. 2021; Schimmers et al. 2022).

As the evidence grows for alternatives to palliative sedation for patients with existential suffering, a clear framework is needed to guide clinicians as they consider treatment options for their patients (Boston et al. 2011). Greater development and availability of methods to relieve existential suffering in a timely and safe manner may reduce the number of cases in which existential suffering is considered “refractory” (Surges et al. 2023).

Conclusion

Improving the care of patients with existential suffering in palliative care requires better instruments to evaluate existential and other nonphysical forms of suffering, a greater understanding of the potential overlap among various forms of suffering, and the continued development of alternatives to palliative sedation. Greater clarity and capability regarding approaches to existential suffering may change the conversation about whether and when palliative sedation is indicated for these patients.

Funding. Drs. Thomas and Sulmasy are supported by a grant from the McDonald Agape Foundation. Dr. Breitbart is supported by a grant from the National Cancer Institute [grant number 5P30CA008748-55]. The funding sources had no role in design and conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the manuscript.

Competing interests. None of the authors has any conflicts of interest to declare.

References

- Baines BK and Norlander L (2000) The relationship of pain and suffering in a hospice population. *American Journal of Hospice and Palliative Medicine* 17(5), 319–326. doi:10.1177/104990910001700509
- Bauerle N, Obermaier S, Özünal SE, et al. (2018) Effects of existential interventions on spiritual, psychological, and physical well-being in adult patients with cancer: Systematic review and meta-analysis of randomized controlled trials. *Psychooncology* 27(11), 2531–2545. doi:10.1002/pon.4829
- Belvederi Murri M, Zerbinati L, Ounalli H, et al. (2020) Assessing demoralization in medically ill patients: Factor structure of the Italian version of the demoralization scale and development of short versions with the item response theory framework. *Journal of Psychosomatic Research* 128, 109889. doi:10.1016/j.jpsychores.2019.109889
- Beng TS, Ann YH, Guan NC, et al. (2017) The suffering pictogram: Measuring suffering in palliative care. *Journal of Palliative Medicine* 20(8), 869–874. doi:10.1089/jpm.2016.0448
- Best M, Aldridge L, Butow P, et al. (2015) Assessment of spiritual suffering in the cancer context: A systematic literature review. *Palliative & Supportive Care* 13(5), 1335–1361. doi:10.1017/s1478951514001217
- Bobevski I, Kissane D, McKenzie D, et al. (2022) The Demoralization Interview: Reliability and validity of a new brief diagnostic measure among medically ill patients. *General Hospital Psychiatry* 79, 50–59. doi:10.1016/j.genhosppsych.2022.10.002
- Boston P, Bruce A and Schreiber R (2011) Existential suffering in the palliative care setting: An integrated literature review. *Journal of Pain Symptom Management* 41(3), 604–618. doi:10.1016/j.jpainsymman.2010.05.010
- Bovero A, Sedghi NA, Opezzo M, et al. (2018) Dignity-related existential distress in end-of-life cancer patients: Prevalence, underlying factors, and associated coping strategies. *Psychooncology* 27(11), 2631–2637. doi:10.1002/pon.4884
- Breitbart W, Pessin H, Rosenfeld B, et al. (2018) Individual meaning-centered psychotherapy for the treatment of psychological and existential distress: A randomized controlled trial in patients with advanced cancer. *Cancer* 124(15), 3231–3239. doi:10.1002/cncr.31539
- Breitbart W, Rosenfeld B, Pessin H, et al. (2015) Meaning-centered group psychotherapy: An effective intervention for improving psychological well-being in patients with advanced cancer. *Journal of Clinical Oncology ASCO* 33(7), 749–754. doi:10.1200/jco.2014.57.2198
- Chochinov HM, Kristjanson LJ, Breitbart W, et al. (2011) Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: A randomised controlled trial. *Lancet Oncology* 12(8), 753–762. doi:10.1016/s1470-2045(11)70153-x
- Ciancio AL, Mirza RM, Ciancio AA, et al. (2020) The use of palliative sedation to treat existential suffering: A scoping review on practices, ethical considerations, and guidelines. *Journal of Palliative Care* 35(1), 13–20. doi:10.1177/0825859719827585
- Decazes E, Rigal O and Clatot F (2023) Effect of a single dose of intravenous ketamine on the wish to hasten death in palliative care: A case report in advanced cancer. *Palliative & Supportive Care* 21(4), 765–767. doi:10.1017/s1478951523000317
- Encarnação P, Oliveira CC and Martins T (2018) Psychometric properties of the suffering assessment questionnaire in adults with chronic diseases or life-threatening illness. *Scandinavian Journal of Caring Sciences* 32(4), 1279–1287. doi:10.1111/scs.12569
- Graham-Wisener L, Dempster M, Sadler A, et al. (2021) Validation of the Distress Thermometer in patients with advanced cancer receiving specialist palliative care in a hospice setting. *Palliative Medicine* 35(1), 120–129. doi:10.1177/0269216320954339
- Hall DL, Luberto CM, Philpotts LL, et al. (2018) Mind-body interventions for fear of cancer recurrence: A systematic review and meta-analysis. *Psychooncology* 27(11), 2546–2558. doi:10.1002/pon.4757
- Hui D and Bruera E (2017) The Edmonton Symptom Assessment System 25 years later: Past, present, and future developments. *Journal of Pain Symptom Management* 53(3), 630–643. doi:10.1016/j.jpainsymman.2016.10.370
- Kirk TW and Mahon MM (2010) National Hospice and Palliative Care Organization (NHPCO) position statement and commentary on the use of palliative sedation in imminently dying terminally ill patients. *Journal of Pain Symptom Management* 39(5), 914–923. doi:10.1016/j.jpainsymman.2010.01.009
- Kissane DW, Lethborg C, Brooker J, et al. (2019) Meaning and Purpose (MaP) therapy II: Feasibility and acceptability from a pilot study in advanced cancer. *Palliative & Supportive Care* 17(1), 21–28. doi:10.1017/s1478951518000883
- Kissane DW, Wein S, Love A, et al. (2004) The Demoralization Scale: A report of its development and preliminary validation. *Journal of Palliative Care* 20(4), 269–276. doi:10.1177/082585970402000402
- LeMay K and Wilson KG (2008) Treatment of existential distress in life threatening illness: A review of manualized interventions. *Clinical Psychology Review* 28(3), 472–493. doi:10.1016/j.cpr.2007.07.013
- Ma X, Zhang J, Zhong W, et al. (2014) The diagnostic role of a short screening tool—the distress thermometer: A meta-analysis. *Supportive Care in Cancer* 22(7), 1741–1755. doi:10.1007/s00520-014-2143-1
- McLouth LE, Ford CG, Pustejovsky JE, et al. (2021) A systematic review and meta-analysis of effects of psychosocial interventions on spiritual well-being in adults with cancer. *Psychooncology* 30(2), 147–158. doi:10.1002/pon.5562
- Niles H, Fogg C, Kelmendi B, et al. (2021) Palliative care provider attitudes toward existential distress and treatment with psychedelic-assisted therapies. *BMC Palliative Care* 20(1), 191. doi:10.1186/s12904-021-00889-x
- Oh PJ and Kim SH (2014) The effects of spiritual interventions in patients with cancer: A meta-analysis. *Oncology Nursing Forum* 41(5), E290–301. doi:10.1188/14.onf.e290-e301
- Park CL, Pustejovsky JE, Trevino K, et al. (2019) Effects of psychosocial interventions on meaning and purpose in adults with cancer: A systematic review and meta-analysis. *Cancer* 125(14), 2383–2393. doi:10.1002/cncr.32078

- Portenoy RK, Thaler HT, Kornblith AB, et al.** (1994) The Memorial Symptom Assessment Scale: An instrument for the evaluation of symptom prevalence, characteristics and distress. *European Journal of Cancer (Oxford, England: 1990)* **30**(9), 1326–1336. doi:10.1016/0959-8049(94)90182-1
- Quill TE, Lo B, Brock DW, et al.** (2009) Last-resort options for palliative sedation. *Annals of Internal Medicine* **151**(6), 421–424. doi:10.7326/0003-4819-151-6-200909150-00007
- Rattner M** (2022) Increasing our understanding of nonphysical suffering within palliative care: A scoping review. *Palliative & Supportive Care* **20**(3), 417–432. doi:10.1017/s1478951521001127
- Robinson S, Kissane DW, Brooker J, et al.** (2016) Refinement and revalidation of the demoralization scale: The DS-II-external validity. *Cancer* **122**(14), 2260–2267. doi:10.1002/cncr.30012
- Rodin G, Lo C, Rydall A, et al.** (2018) Managing Cancer and Living Meaningfully (CALM): A randomized controlled trial of a psychological intervention for patients with advanced cancer. *Journal of Clinical Oncology ASCO* **36**(23), 2422–2432. doi:10.1200/jco.2017.77.1097
- Rodrigues P, Crokaert J and Gastmans C** (2018) Palliative sedation for existential suffering: A systematic review of argument-based ethics literature. *Journal of Pain Symptom Management* **55**(6), 1577–1590. doi:10.1016/j.jpainsymman.2018.01.013
- Roth AJ, Kornblith AB, Batel-Copel L, et al.** (1998) Rapid screening for psychologic distress in men with prostate carcinoma: A pilot study. *Cancer* **82**(10), 1904–1908. doi:10.1002/(sici)1097-0142(19980515)82:10<1904::aid-cncr13>3.0.co;2-x
- Ruijs KD, Onwuteaka-Philipsen BD, van der Wal G, et al.** (2009) Unbearability of suffering at the end of life: The development of a new measuring device, the SOS-V. *BMC Palliative Care* **8**, 16. doi:10.1186/1472-684x-8-16
- Saunders C** (2001) The evolution of palliative care. *Journal of the Royal Society of Medicine* **94**(9), 430–432. doi:10.1177/014107680109400904
- Schimmers N, Breeksema JJ, Smith-Apeldoorn SY, et al.** (2022) Psychedelics for the treatment of depression, anxiety, and existential distress in patients with a terminal illness: A systematic review. *Psychopharmacology (Berl.)* **239**(1), 15–33. doi:10.1007/s00213-021-06027-y
- Schuman-Olivier Z, Brendel DH, Forstein M, et al.** (2008) The use of palliative sedation for existential distress: A psychiatric perspective. *Harvard Review of Psychiatry* **16**(6), 339–351. doi:10.1080/10673220802576917
- Surges SM, Brunsch H, and Jaspers B, et al.** (2023) Revised European Association for Palliative Care (EAPC) recommended framework on palliative sedation: An international Delphi study (preprint). https://advance.sagepub.com/articles/preprint/Revised_European_Association_for_Palliative_Care_EAPC_recommended_framework_on_palliative_sedation_An_international_Delphi_study/22329289 (accessed 24 January 2024).
- Vehling S and Kissane DW** (2018) Existential distress in cancer: Alleviating suffering from fundamental loss and change. *Psychooncology* **27**(11), 2525–2530. doi:10.1002/pon.4872
- Xiao J, Ng MSN, Yan T, et al.** (2021) How patients with cancer experience dignity: An integrative review. *Psychooncology* **30**(8), 1220–1231. doi:10.1002/pon.5687
- Xing L, Guo X, Bai L, et al.** (2018) Are spiritual interventions beneficial to patients with cancer?: A meta-analysis of randomized controlled trials following PRISMA. *Medicine (Baltimore)* **97**(35), e11948. doi:10.1097/md.00000000000011948